

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am  
 Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000071600 (5)**  
 1. Corporation Name **FANTASY AUTOMOTIVE, INC.**



Principal Place of Business <b>5400 S.W. 198 TERRACE FT. LAUDERDALE FL 33332</b>	Mailing Address <b>5400 S.W. 198 TERRACE FT. LAUDERDALE FL 33332</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/18/1997</b>	
21 <b>7380 WILES ROAD.</b>	26 <b>7380 WILES ROAD.</b>	4. FEI Number <b>15-0783299</b>		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 <b>Coral Springs, FL.</b>	28 <b>Coral Springs FL.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>33067</b>	25 <b>Broward</b>	29 <b>33067</b>	30 <b>Broward.</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CASCIONE, JOSEPH JR. 5400 S.W. 198 TERRACE FT. LAUDERDALE FL 33332</b>				81 Name <b>VINCENT DE SANTIS.</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>7380 WILES ROAD.</b>	
				83	
				84 City <b>Coral Springs</b>	
				85 Zip Code <b>FL 33067</b>	

11. Pursuant to the provisions of sections 607.0802 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **9/19/98**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASCIONE, JOSEPH JR.</b>		1.2 NAME		
STREET ADDRESS	<b>5400 S.W. 198 TERRACE</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33332</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DESANTIS, VINCENT</b>		2.2 NAME	<b>PRESIDENT</b>	
STREET ADDRESS	<b>5400 S.W. 198 TERRACE</b>		2.3 STREET ADDRESS	<b>DE SANTIS VINCENT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33332</b>		2.4 CITY-ST-ZIP	<b>7380 WILES ROAD, CORAL SPRINGS FL 33067</b>	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **9/21/98** **954 752-0406**

CR2E034 (5/98)